

**VILLAGE OF SLINGER**  
**TEMPORARY SIGN PERMIT**

300 Slinger Rd, Slinger WI 53086  
Phone (262) 644-5265 Fax (262) 644-6341

Applicant/Owner/Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent/Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Application is hereby made for a permit to place a temporary sign or banner at the following address:

Street Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Type of Sign:

Wall mounted \_\_\_\_\_ Hung on Existing Sign \_\_\_\_\_ Free Standing \_\_\_\_\_

Temporary Banner \_\_\_\_\_ (Size) \_\_\_\_\_ Other: \_\_\_\_\_

Sign Dimensions: Height (ft): \_\_\_\_\_ Width (ft): \_\_\_\_\_ Depth (ft): \_\_\_\_\_

Sign Area (Sq. ft): \_\_\_\_\_ Overall Height (ft): \_\_\_\_\_ Ground Clearance (ft): \_\_\_\_\_

Dates you are requesting to have the sign up: \_\_\_\_\_ to \_\_\_\_\_.

What will the sign read? \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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**(Office Use Only)**

**Zoning Administrator Action:**     ( ) Approve     ( ) Deny     Date: \_\_\_\_\_

Comments:

Date Issued: \_\_\_\_\_ Date Temporary Sign Should be Removed: \_\_\_\_\_

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**No Permit Fee, however all signage must be approved by the Village Building Inspector.**

**6.04 E. 2. Signs cannot be displayed for more than 45 consecutive days at any one time and shall not be displayed for more than 180 days per calendar year.**

**6.04 E. 3. Maximum of six temporary signs may be displayed on any one premises at any one time.**